

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 4/12/21 **ONSITE SEWAGE DISPOSAL SYSTEM** P 568853

APPROVAL DATE: 05/17/2021 **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 14020 Celbridge Court

SUBDIVISION: _____ LOT: _____ TAX ID: _____

CONTRACTOR: R & E Chief Septic EMAIL: _____

CONTRACTOR ADDRESS: P.O. Box 199, Mount Airy, MD 21771 PHONE: 410-635-3237

PROPERTY OWNER: Gary Smith EMAIL: _____

OWNER ADDRESS: 14020 Celbridge Court, Glenwood, MD 21738 PHONE: 410-489-7955

SEPTIC TANK SIZE (GALLONS): Existing PUMP CHAMBER CAPACITY (GALLONS): N/A PUMP SIZE: —

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT.: N/A APPLICATION RATE: 0.8 gal/ft²/day

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

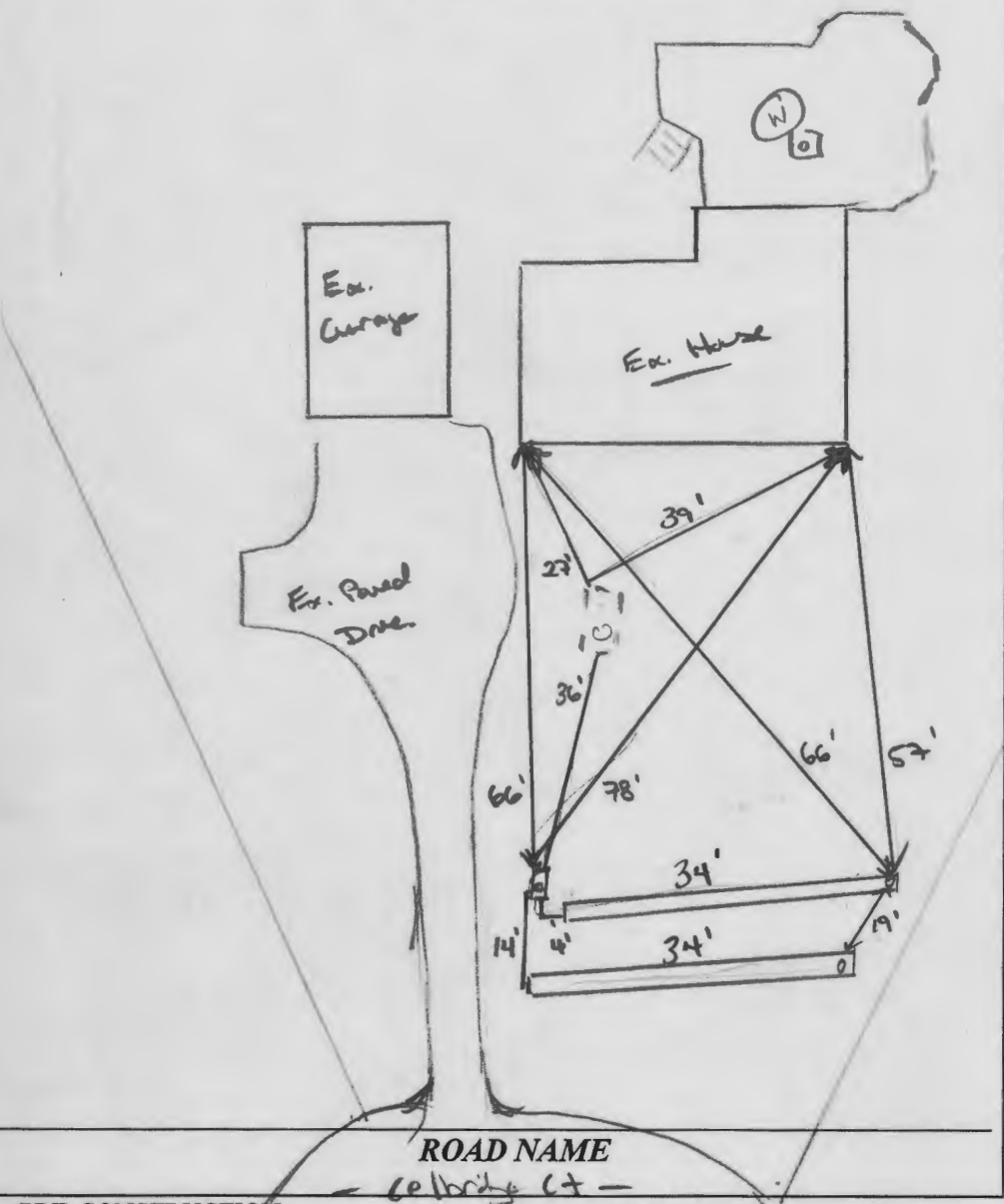
TRENCHES:	LINEAR FEET REQUIRED: <u>67</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>10'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>Install 2 x 34' trenches running across front part of yard below perc test A. Pump chamber on D.W.</u>	

ISSUED BY: F. Wolf ISSUE DATE: 5/11/21 EXPIRATION DATE: 5/11/22

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
 ELECTRICAL PERMIT ISSUED E N/A
- NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.
CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	10'
NUMBER OF TRENCHES		2
TOTAL LENGTH		68 F
ABSORPTION AREA		204 SF + SIDE WALL
DISTRIBUTION BOX LEVEL		SPEED
DISTRIBUTION BOX BAFFLE		YES
DISTRIBUTION BOX PORT		YES

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Existing (Y/N)
MANUFACTURER	N/A
CAPACITY	_____ GAL
SEAM LOC	mid
TANK LID DEPTH	2'
BAFFLES	NEW OUTLET
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	OK
SLOTTED	NO
DATE ON LID	_____
PUMP/SEPTIC TANK LEVEL (Future)	
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION:

5/11/21 as to set new pipe just below 100' well arc. Install 2x 34' trenches on water runoff across front yard. Future pipe repair area will be in back yard. Call for inspection (PM)

INSTALLATION: (AM) 05/17/2021 INSTALLED 2x TRENCH. PUMP AND COLLAPSE EXISTING DW. INSTALLED RISER ON BK ST. (PM) D BOX TIED IN, LEVELLED w/ SPEED LEVELS. (P)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 05/17/2021

568853

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INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Failing System
- System relocation for proposed addition
- System upgrade for proposed addition
- Inadequate treatment zone
- Collapsed septic tank
- Collapsed drywell

Has the septic tank been pumped within the last month?

Yes Date pumped: 3/26/21
 No

Was a visual inspection of the septic tank and/or drain fields conducted?

Yes Explain observation: _____
 No

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

Was a visual inspection of the sewage line conducted?

Yes
 No

Blockage Leading to the field

Yes Explain _____
 No

Is discharge surfacing on the ground?

Yes
 No

Additional Comments:

*For REPAIRS, are the owners proposing, or do they plan to add in the future any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulations.

Septic Contractor: R+E Chief Septic, LLC Contractor's Phone: 410-635-3237
 Contractor's Address: 2502 Gillis Rd, MT. Airy, Md. 21771
 Property Address: 14020 Celbridge Court County File: Howard
 Subdivision: 2010 Lot: 7 Year Built: 1967
 Owner's Name: John Stommel Existing bedrooms: 3
 Name of previous owners: N-A Existing bedrooms: 3
 Proposed bedrooms: _____

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency exists.

The contractor is to notify the office of the emergency as soon as possible.

2/2020



HOWARD COUNTY HEALTH DEPARTMENT

68853

DATE 4/12/21

Received From

R.E.F. Chief Septic

PHONE #

410 489-1955

For

Septic Repair Fee
14020 Colbridge

CASH

CHECK

NO.

1339

Three hundred thirty

Dollars

\$

330.00

Received By

King